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Bib Data Sheet

CONFIRMATION NO. 3558

<b>SERIAL NUMBER</b> 10/047,060	<b>FILING DATE</b> 01/14/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 540.1004CON2
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## APPLICANTS

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John N. Staniforth, Bath, UNITED KINGDOM;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF 09/361,198 07/26/1999 *now allowed*  
WHICH IS A CON OF 08/787,762 01/28/1997 ABN  
WHICH IS A DIV OF 08/419,635 04/07/1995 PAT 5,612,053

us. Pat. No. 6,387,394

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/05/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

## ADDRESS

23280

## TITLE

Controlled release insufflation carrier for medicaments

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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